

## 2009 APPLICATION PACKET



The ACS certification is offered by  
the Center for Credentialing & Education

The ACS credential attests to the educational background, knowledge, skills, and competencies of the *approved clinical supervisor*.

### INCLUDED IN THIS PACKET

- Certification Requirements
- Recertification Requirements
- Fee Information
- Application Forms

Visit [www.cce-global.org](http://www.cce-global.org) for ACS training information, Code of Ethics, and definitions.



CENTER FOR  
**CREDENTIALING  
& EDUCATION**

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The Center for Credentialing & Education, Inc. (CCE) values diversity.  
There are no barriers to certification on the basis of gender, race, creed, age, sexual orientation, or national origin.

**Recognized by the National Board for Certified Counselors, Inc. and Affiliates (NBCC)**

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## Requirements for Standard Entry to ACS Certification

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1. Current Status as one of the following:

- A. NCC
- B. Licensed or Certified Mental Health Provider
- C. Licensed or Certified Clinical Supervisor

2. Education: A Master's degree or higher in a mental health field

3. Specialized Training- must document completion of either of the following:

- A. A graduate course in clinical supervision, OR
- B. A total of 30 contact hours of workshop training in clinical supervision

Either A or B above must include, but is not limited to, each of the following content areas:

- 1) Roles and functions of clinical supervisors
- 2) Models of clinical supervision
- 3) Mental health-related professional development
- 4) Methods and techniques in clinical supervision
- 5) Supervisory relationship issues
- 6) Cultural issues in clinical supervision
- 7) Group supervision
- 8) Legal and ethical issues in clinical supervision
- 9) Evaluation of supervisee competence and the supervision process

4. Mental Health-Related Experience:

A. A minimum of three (3) years of post-Master's experience in mental health services which must include at least 1,500 hours of direct service with clients is required. Doctoral-level practitioners/professionals can substitute one year of post-master's work experience in mental health or mental health-related education for 300 hours of direct service with clients, up to a maximum of 900 hours. Doctoral-level internship(s) in mental health may also be used toward this requirement. Candidates must provide an official transcript verifying doctoral program internship.

B. Experience may take place in any setting where direct clinical/mental health services are provided.

5. Supervision Experience/Endorsement

A. A minimum of 100 hours of clinical supervision of the mental health services provided to supervisees is required. Documentation of these hours must be completed by the designated clinical supervisor or mental health professional who can attest to the supervisory activity and endorse the applicant. The supervision may include individual and/or group supervision, with a maximum of ten members in a supervision group. Supervision of graduate students in training may be used to fulfill the requirement.

B. Endorsement from a mental health professional attesting to clinical supervision capabilities must be completed (see page 7). The supervisor or endorser must be a National Certified Counselor (NCC) OR a licensed or certified mental health services provider (e.g. Licensed Professional Counselor, Licensed Clinical Social Worker, Licensed Psychologist) OR a licensed or certified clinical supervisor. The supervisor/endorser must have training and/or experience in clinical supervision.

6. Self-Assessment and Professional Disclosure

Candidates must submit a Professional Disclosure Statement. Candidates may submit the Disclosure Statement currently distributed to supervisees provided the eleven (11) required areas listed below are addressed in the current statement. If the applicant is not currently employed in a supervisory capacity, the Disclosure Statement should be written as if the applicant is employed as a supervisor. If the supervisory responsibilities are an aspect of the applicant's employment (e.g. counselor educator),

*continued on page 3*

the statement should be written from that perspective. A Disclosure Statement will demonstrate an understanding of the multiple responsibilities of a clinical supervisor. It should include:

1. Business address and telephone number of the applicant pursuing the ACS credential
2. The listing of degrees, credentials, and licenses held by the applicant for the ACS
3. General areas of competence in mental health practice for which the applicant can provide supervision (e.g., Addictions counseling, career counseling)
4. A statement documenting applicant's training in supervision and experience in providing supervision
5. A general statement addressing the applicant's model of or approach to supervision, including role of the supervisor, objectives and goals of supervision, and modalities (e.g., tape review, live observation)
6. A description of the evaluation procedures the applicant uses in the supervisory relationship
7. A statement defining the limits and scope of confidentiality and privileged communication within the supervisory relationship
8. A release, when applicable, indicating that the applicant is under supervision and that the supervisee may be discussed with the applicant's supervisor
9. A fee schedule, if applicable
10. Applicant's emergency contact information
11. A statement indicating that the applicant follows the relevant credentialing body's Code of Ethics and the ACS Code of Ethics (available at [www.cce-global.org](http://www.cce-global.org))

Standard Entry applications must have their Professional Disclosure Statement reviewed by their endorser prior to submitting the application.

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## **Requirements for Alternate Entry to ACS Certification**

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All candidates must hold a Master's degree (or higher) in a mental health field in order to be considered for the ACS certification.

Experienced supervisors may apply under the alternate requirements if they prepare and submit a Professional Disclosure Statement as outlined in Section 6 on pages 2-3. In addition, they must currently be either an NCC, a Licensed or Certified Mental Health Provider, or a Licensed or Certified Clinical Supervisor and also be ONE of the following:

- A. A mental health professional who can document at least three years of experience as a clinical supervisor and at least 500 hours providing clinical supervision to individuals and/or groups.
- B. An educator who is a mental health professional and can document at least two semesters of full time teaching in a mental health-related program at a regionally-accredited institution. The educator's teaching assignments must include practicum or internship supervision courses, or related courses that require the educator to function as a clinical supervisor. Prior clinical supervision experience may be combined with current employment to meet this requirement.
- C. A doctoral candidate in a CACREP accredited program, who holds a Master's degree in a mental health field and is in the FINAL semester of doctoral studies, and who can document a minimum of two semesters of teaching assignments in practicum or internship supervision. Prior clinical supervision may be combined with current teaching assignments to meet this requirement. In addition, doctoral candidates must provide a transcript documenting successful completion of a clinical supervision graduate course.
- D. A mental health professional who possesses a recognized national or state credential in clinical supervision. To qualify under the option an applicant must include a copy of the active and current national or state credential. Credentials recognized include:
  - American Association for Marriage and Family Therapy: Approved Supervisor Designation
  - American Association of Pastoral Counselors: Certified Supervisors
  - British Association for Counselling and Psychotherapy: Counselling Supervisor Accreditation
  - NCCs who formerly held the designation of Clinical Supervisor through the Academy of Mental Health Counselors
  - Counselors who are currently licensed or certified as clinical supervisors by a state counselor credentialing board

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## **Application Fee**

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Total Application fee: \$110.00 United States Dollars (USD)

**Application fees are non-refundable**

Applications may be submitted at any time, as application review occurs on an ongoing basis.

# ACS Annual Renewal and Recertification

## Annual Maintenance Fee

The annual maintenance fee for ACS certificate holders is \$35. Each year, annual fee notices are sent on July 15 and due by August 31. ACS certificate holders who do not receive an annual fee notification by August 1 should contact CCE right away. If CCE does not receive payment by August 31, the individual's certification becomes inactive. When an individual's certification becomes inactive, a reinstatement application, \$50 reinstatement fee, and full payment of past due balances are required before re-activation can occur.

## Recertification

All ACS certificates expire on August 31, five years following the year of initial certification. At that time, each certificate holder is required to recertify.

In order to recertify, ACS certificate holders must:

- Adhere to the ACS Code of Ethics (available at [cce-global.org](http://cce-global.org)).
- Complete 18 hours of continuing education during each 5-year period of certification. Continuing education must be specific to clinical supervision. ACS certificate holders may include documentation of having received up to nine (9) hours of supervision of their work as a clinical supervisor to partially fulfill the continuing education requirement.
- Sign and return a statement attesting to having completed the required continuing education and following the ACS Code of Ethics. This attestation must be returned to CCE along with fees due. Both must be received prior to the certification expiration date. CCE sends recertification notices with instruction, via postal mail during the year in which certification is due to expire. This notification is sent on July 15 of the recertification year along with the annual fee notice. ACS certificate holders who do not receive a recertification notice by August 1 during the year the certificate is due to expire should contact CCE right away. If CCE does not receive the signed recertification attestation and payment by the expiration date on the certificate, the individual's certification will expire. When an individual's certificate expires, a reinstatement application, \$50 reinstatement fee, documentation of 18 hours of continuing education, and full payment of any past due balance is required for reinstatement.
- Provide documentation of continuing education activities if selected for audit. Notification and instructions are included in the recertification notice of ACS certificate holders who are selected for audit.

## Inquiries

The application review process occurs approximately four to six weeks after the date the application is received. When the application review is complete, CCE will send written notification of status to the applicant. This notification is sent via postal mail. If additional documentation is required, the application is placed back into queue for a second review when the requested documentation arrives. For this reason, it is best to include all required documentation with the initial application.

If you have specific questions regarding ACS certification, you can contact CCE at:

**CCE**  
**3 Terrace Way**  
**Greensboro, North Carolina 27403-3660 USA**

**Tel: 336.482.2856**  
**FAX 336.482.2852**  
**E-mail: [cce@cce-global.org](mailto:cce@cce-global.org)**

Information is also available on CCE's Web site, [www.cce-global.org](http://www.cce-global.org)

**Mail Completed Application Packet  
& Payment to:**  
**CCE**  
**PO Box 77759**  
**Greensboro, NC 27417 USA**



**13. Attestation:**

By submitting this application to the CCE, I agree to:

- a) fulfill the continuing education requirements for my ACS credential.
- b) abide by the ACS Code of Ethics and the appropriate mental health credentialing body's Code of Ethics.
- c) report to CCE within sixty (60) days any legal and professional matters (complaints or other similar actions) directly or indirectly involving me, and any matters that have occurred in the past.

I accept responsibility for keeping myself aware of current requirements pertaining to (a) and (b) above. I will inform CCE within thirty (30) days of any changes in my permanent address and phone numbers.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Checklist of All Items to Include in Your Application.

- Application (p. 5-6)- *All Applicants*
- Coursework Form (p. 7)- *Standard Entry applicants*
- Experience Endorsement Form (p. 8)- *Standard Entry Applicants*
- Mental Health Practice Experience Form (p. 9) - *Standard Entry Applicants*
- Endorsement Form for Alternate Entry Applicants (p. 10)- *Alternate Entry ONLY*
- Professional Disclosure Statement- *All Applicants*
- Payment Voucher (p. 11)- *All Applicants*
- Copy of transcript/diploma documenting a conferred Master's degree or higher in a Mental Health-related field - *All Applicants*
- Copy of a current Mental Health license or certificate- *All Applicants*



# Coursework Form

**Applicant's Name:** \_\_\_\_\_

To qualify for the Approved Clinical Supervisor credential, you must have completed:

- A graduate course in clinical supervision  
**OR**
- A total of 30 contact hours of workshop training in clinical supervision

The graduate course or workshop(s) must include each of the content areas listed below.

List below your graduate course(s) or workshop title(s) in clinical supervision. Indicate in which course/workshop each content area was covered. Include a copy of the transcript, certificate of attendance, or other documents verifying course completion.

Course or Workshop Title	Date Taken	Credit Hours/CEUs

**Content areas:**

**Course or workshop title covering this area:**

Roles and functions of a clinical supervisor \_\_\_\_\_

Models of clinical supervision \_\_\_\_\_

Professional development \_\_\_\_\_

Methods/techniques in clinical supervision \_\_\_\_\_

Supervisory relationship issues \_\_\_\_\_

Cultural issues in clinical supervision \_\_\_\_\_

Group supervision \_\_\_\_\_

Legal/ethical issues in clinical supervision \_\_\_\_\_

Evaluation of supervisee competence and the supervision process \_\_\_\_\_



Standard Entry

Approved Clinical Supervisor Experience/Endorsement Form

Applicant's Name: \_\_\_\_\_

Note to Endorsers: You must be a current National Certified Counselor (NCC), a licensed/certified mental health provider or a licensed/certified clinical supervisor, and must have training in clinical supervision. If you do not meet these criteria, please return this form to the applicant so that s/he may ask someone else to complete it.

To the Center for Credentialing and Education:

I hereby state that I have been professionally acquainted with the named applicant for \_\_\_/\_\_\_ (years/months) and am not related to the applicant. To the best of my knowledge and belief, this applicant is of good standing in the profession, is of good moral character, and has demonstrated effective clinical supervision skills while under my supervision. I have read the Professional Disclosure Statement written by the applicant and attest to its accuracy. I hereby endorse this applicant to become an Approved Clinical Supervisor. I further affirm that I meet the criteria specified in the box above.

Supervisor's Name (please print)

Position Title

Business Address

Degree

City, State, Zip

Telephone (include area code)

Profession

Professional Certification or License

State or Certifying Organization

Applicant's Position

Name of Agency/Institution

I verify that this applicant has provided \_\_\_\_\_ hours of clinical services with supervisees from \_\_\_\_\_ (mm/yyyy) to \_\_\_\_\_ (mm/yyyy).
Signature of Supervisor Date



Standard Entry

# Mental Health Practice Experience Form

Applicant's Name: \_\_\_\_\_

## Request for Verification of Mental Health Practice Experience

*I am applying to the Center for Credentialing & Education for the Approved Clinical Supervisor credential. I am required to provide documentation of three years of post-master's degree experience as a mental health practitioner which must include at least 1500 hours of direct services to clients. Please complete the EMPLOYER VERIFICATION INFORMATION below and return to me. My application cannot be processed without this form.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THE FOLLOWING IS TO BE COMPLETED BY THE EMPLOYER**

### Employer Verification Information

This is to verify that \_\_\_\_\_ is/was employed by this agency/group for the period of \_\_\_\_\_ (mm/yyyy) to \_\_\_\_\_ (mm/yyyy) in the position of \_\_\_\_\_.

I verify that \_\_\_\_\_ hours were spent providing direct mental health services to clients.

Employer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Employer Information

Note: Information below pertains to the person completing the form on behalf of the ACS applicant. Please PRINT your name on Line 1. Lines 2 and 3 might not apply.

- 1. Name: \_\_\_\_\_
- 2. Degree: \_\_\_\_\_
- 3. Certified/Licensed By: \_\_\_\_\_
- 4. Title: \_\_\_\_\_
- 5. Agency/Institution: \_\_\_\_\_
- 6. Address: \_\_\_\_\_  
\_\_\_\_\_
- 7. Telephone: \_\_\_\_\_
- 8. E-mail: \_\_\_\_\_

*Please return this completed form to the applicant.*  
**PHOTOCOPY THIS BLANK FORM AS NEEDED**



Alternate Entry

# Endorsement Form for Alternate Entry Applicants

Applicant's Name: \_\_\_\_\_

## Request for Verification of Professional Supervisory Experience for Mental Health-Related Supervisors, Educators, & Doctoral Candidates

*I am applying for the Approved Clinical Supervisor credential. I am required to provide documentation of ONE of the following that primarily required me to perform the role of clinical supervisor. Please complete the VERIFICATION INFORMATION (A, B, or C) below and return to me. My application cannot be processed without this form.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Verification Information

**A** This is to verify that \_\_\_\_\_ is/was **employed by this agency/facility** for the period of \_\_\_\_\_ (mm/yyyy) to \_\_\_\_\_ (mm/yyyy) in the position of \_\_\_\_\_.

His/her work assignments have included at least **3 years of experience as clinical supervisor** and at least **500 hours of clinical supervision** of individuals or groups.

**B** This is to verify that \_\_\_\_\_ is/was **employed by this college/university** for the period of \_\_\_\_\_ (mm/yyyy) to \_\_\_\_\_ (mm/yyyy) in the position of \_\_\_\_\_.

His/her teaching assignments have included at least **2 semesters of mental health-related practicum or internship supervision or related courses** requiring him/her to **perform the role of clinical supervisor**.

*(Applies only to doctoral candidates in a CACREP program)*

**C** This is to verify that \_\_\_\_\_ is in the **final semester of doctoral study** at \_\_\_\_\_ (college/university) His/her teaching assignments have included at least **2 semesters of mental health-related practicum or internship supervision or related courses requiring him/her to perform the role of clinical supervision**. **Doctoral candidates must provide a transcript documenting successful completion of a clinical supervision course.**

### Supervisor Information

Note: Information below pertains to the supervisor completing the form on behalf of the applicant. Please PRINT your name and contact information.

Name: \_\_\_\_\_ Degree: \_\_\_\_\_

Title: \_\_\_\_\_ Agency/Institution: \_\_\_\_\_

Certified/Licensed By: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_

Date \_\_\_\_\_

